



HEALTH SERVICES

ISRAEL 1954

The foundation of Israel's medical services was laid many years ago by two pioneer Jewish bodies, the Hadassah Medical Organization and the Kupat Holim (Workers' Sick Fund) of the Histadrut (General Federation of Labor), which served the needs of the Jews of Palestine during the Mandate. Hadassah's work was both preventive and curative. It established hospitals and clinics in various parts of the country, and conducted a network of public health services. The Kupat Holim organized the working population in a comprehensive health insurance scheme, financed by voluntary contributions, and also ran clinics and several well-equipped hospitals. Thanks to these institutions, the Jewish community of Palestine boasted one of the lowest infant mortality rates in the world, and enjoyed a life expectancy fully in accord with Western standards.

Mass Immigration & the Health Services

These health services, adequate for a normal community of 700,000, were obviously quite inadequate for the masses of non-too-healthy immigrants who entered the country after May, 1948. Mass immigration not only doubled the population, but, since it was non-selective, and excluded no one on grounds of ill-health, physical disability or poverty, it added a mammoth strain on the country's health services. Nearly 50,000 immigrants were over 60; many were chronically sick and required immediate hospitalization. Almost 20% were children under nine. In May, 1948, only a few dozen

beds for chronic cases were available in the country, and only 225 beds for infants and children. Moreover, over 50% of the immigrants came from the Middle East, North Africa and Asia and brought with them scant understanding of basic hygiene. Coming from the most primitive areas, many who arrived suffered from chronic diseases never treated and often never diagnosed. Many were blind. From Europe came large numbers of men and women who suffered from permanent disabilities incurred in Nazi camps. All had known physical suffering. These were only a few of the health problems faced by the State upon its establishment.

The Ministry of Health

The health of the population (1,670,000 as of December, 1953), is the responsibility of the Ministry of Health. In six years, the Ministry, which started with a handful of officials inherited from the Mandatory administration, has grown into a vast complex organization employing over 4,000 persons, including 380 doctors and nearly 1,900 nurses. It runs 19 hospitals with 4,330 beds, and maintains 14 District Health Offices which cover the entire country.

Its medical services include maintenance of hospitals, mother and child care, sanitation, epidemiological services, an anti-malarial service, prevention and treatment of tuberculosis, mental hygiene, public health laboratories and nursing and pharmaceutical services. It also carries out public health education. Six percent of the ordinary budget is spent on health services.

Other Medical & Health Agencies

Government health services are supplemented chiefly by Kupat Holim, the Hadassah Medical Organization and by various other smaller agencies.

Kupat Holim gives medical aid to 970,000 persons who pay or are dependents of contributors to its health insurance scheme. It maintains 14 hospitals, 810 dispensaries, 10 convalescent homes and 165 infant welfare stations.

Hadassah Medical Organization, sponsored by Hadassah, Women's Zionist Organization of America, provides most of the curative and some of the preventive services in the Jerusalem area. It maintains 3 hospitals with 700 beds (Jerusalem, Beersheba and

Safad); 27 clinics and 34 "Mother and Child Care" stations in Jerusalem and vicinity; and a school for nurses.

There are a few other sick funds, operating modestly, which provide medical treatment and hospitalization to insured members through private doctors and hospitals.

Malben cares for immigrants who, due to age, sickness or permanent disability, cannot be absorbed normally. (See page 7).

The Anti-Tuberculosis League maintains clinics for the prevention of tuberculosis.

Magen David Adom (Red Shield Society), the Israel equivalent of the Red Cross, runs a countrywide network of first-aid and ambulance stations.

Health Absorption of Immigrants

In May 1948, the Government assumed full responsibility for the health of all new immigrants; until their transfer to places of settlement. A special Health Service for new immigrants was set up from 1948 to 1950 when the majority of all immigrants remained in reception camps until their final settlement. This special Service consisted of a chain of free polyclinics, hospitals, sick bays (over 1,000 beds), maternal and child welfare centres, day and night nurseries for infants (nearly 2,000 beds), dental treatment, convalescence and inoculation. In 1950, the camps were practically abolished and Maabarot (transitional villages) were established. The inhabitants of these villages were economically independent, but the Government continued to provide most of their hospitalization and to carry out certain specific functions in the field of preventive medicine. Most residents of maabarot eventually became members of sick funds, usually of the Histadrut's Kupat Holim.

Hospitals

By the end of 1948, Israel had 63 hospitals, totalling 4,626 beds. By December, 1953 the number of hospitals had risen to 87, the number of beds to 10,609. The expansion of hospitalization facilities was becoming increasingly a Governmental function and the percentage of Government-maintained hospital beds had risen from 14.6% in 1948 to 41% at the end of 1953.



New wing of the Beilinson Hospital

Health Personnel

Israel has some 3,500 doctors, or one doctor to 470 inhabitants. Although this is the highest rate in the world (in U.S. 1:710, the United Kingdom 1:870, Egypt 1:4,200), the majority of these doctors are no longer young, and only the new graduates from the Hebrew University—Hadassah Medical School can ease the severe shortage of young doctors, especially in outlying districts. About 1,000 dentists and dental surgeons are registered. There are 700 registered pharmacists and the number of nurses, of all categories, exceeds 4,000, although state-registered hospital and public health nurses number less than 1,500.

Mother and Child Care

There are now 369 Mother and Child Care Centres throughout the country maintained by the Ministry of Health, Kupat Holim, Hadassah or various municipalities. In 1948 there were only 110

such centres. (48 were opened in 1953 alone). Approximately 11,000 pregnant women, 32,000 babies and 40,000 infants between one and four, were under such care in 1953. The infant mortality rate is universally recognized as a yardstick for gauging the efficiency of Health Services. The following table shows the advances achieved due, in great measure, to the work of the Mother and Child Care Centres:

**INFANT MORTALITY PER 1,000 LIVE BIRTHS
(JEWISH POPULATION ONLY (0-12 MONTHS))**

	<i>Year</i>	<i>Rate</i>
Before mass immigration	1947	29
Period of mass immigration	1949	52
.....	1950	47
.....	1951	39
.....	1952	38.7
.....	1953	35.8

The infants mortality rate among the Arabs of Israel has also reacted sharply to the introduction of modern medical and hygienic methods and showed a decrease from 67.7 deaths per 100 live births in 1952 to 60.3 in 1953. In Egypt and Jordan the rate is 200 and in Iraq 300 per 1000 live births.

The School Hygiene Service in 1953 covered some 182,000 school children in 609 elementary schools.

Tuberculosis

The total number of TB beds available in Israel is 1,870, of which 600 are in Government hospitals, 750 in hospitals run by Malben.

From November, 1949 to December, 1953, 770,000 persons were tuberculin-tested and 320,000 persons vaccinated.

Diagnostic operations are carried out jointly by the Government and the Anti-Tuberculosis League by means of mass X-Ray examinations in clinics and mobile units. A new TB clinic was opened in Raanana in February, 1954 and a central TB clinic for the entire Tel Aviv-Jaffa area opened in May. The Anti-Tuberculosis League will open its clinics in Beersheba, Acre, Ascalon, Hadera, and Rehovot.

Despite the high percentage of active tuberculosis in Israel since 1948, tuberculosis control and preventive measures have kept the incidence of TB in check, and during 1953 the death rate from TB for all ages was only 10.4 per 100,000 inhabitants, about the same as in countries with the lowest rate. (In the U.S.A. the rate for 1950 was 22.5).

Malaria

Malaria, one of the most prevalent and deadly endemic diseases, (there were districts with a 100% incidence rate), is fast becoming a comparative rarity. The number of new malaria cases fell from 1,091 in 1949, to 275 in 1953—a drop of 74%. This improvement is underlined by a comparison of the total number of malaria cases—3,011 in 1950, and only 390 in 1953—a drop of 87%.

Control measures applied by the Ministry of Health during 1953 covered 743 localities.

The extent of the anti-malarial operations in 1953 is shown in the following figures:

- 500 water courses, 1,400 kilometres (815 miles) long were subjected to anti-malarial treatment, as well as thousands of dunams of swamps, wells, and artificial lakes;
- 5,000 working days were spent on drainage, closing of wells and cisterns, and extermination of water vegetation;
- 16,000 working days, and 525 tons of malariol were used in spraying operations of swamp areas;
- 3,000 working days were spent in D.D.T. spraying of residential quarters.

Epidemiological Service

The incidence of communicable disease is low in comparison with that of neighboring Arab States, but is, at present, higher than that of Europe or the United States. Recent changes in that picture are the tightening-up of the notification system and to the establishment of two new Public Health laboratories in Haifa and Rehovot plus the enlargement of the one near Tel Aviv. The incidence of diphtheria, for example, dropped in 1953 as much as 50% compared with 1952, and it is hoped that the anti-diphtheria campaign now being waged will lower the incidence even

further. Typhoid incidence dropped from 6.8 per 10,000 in 1952 to 3.2 in 1953; clinical dysentery from 48.8 to 26.8 during the same period; and bacillary dysentery from 13.8 to 10.0. Poliomyelitis also dropped from 5.8 to 3.9.

Mental Health

The problem of mental disease is one of the gravest facing the Ministry of Health. It is an immediate consequence of unselective immigration and a tragic legacy of Nazi atrocities. A total of 2,681 beds are available for mental cases, but an estimated 4,000 are urgently required.

The Ministry of Health maintains 5 mental hospitals with 1,450 beds; the Kupat Holim 2 institutions with 397 beds; and private institutions comprise another 834 beds. Two new Government Institutions are to be opened and the Kupat Holim is enlarging its facilities. Most of the patients in private institutions are maintained at Governmental expense. The Government also runs three out-patient clinics for the treatment and prevention of mental disease.

Rehabilitation

Malben (Institution for the Care of Handicapped Immigrants) was originally set up by the Israel Government, the Jewish Agency, and the American Joint Distribution Committee to deal with all those immigrants who, due to age, sickness or permanent disability, could not be routinely absorbed into the nation's economy. By the end of 1950, the American Joint Distribution Committee had assumed sole responsibility for the financing of Malben's program.

In its four years of existence Malben has extended direct services to some 35,000 immigrants. It has built 8 hospitals, a post-T.B. Rehabilitation Centre, out-patient clinics in Tel Aviv and Haifa, 15 Old Age Homes for over 2,000 aged persons, a village for 100 blind persons and their families, a home for retarded children and 23 sheltered workshops for physically handicapped persons. In 1954 it will service another 1,500 aged persons.

The Ministry of Health is building a modern Children's Centre at the Assaf Harofe Hospital in Sarafand to deal with post-polio rehabilitation. It is expected to open in May, 1954. In the meantime, a Physiotherapists' School was opened last year to provide trained personnel for rehabilitation work.

Community Health Centres

The success of the Community Health Centre opened in the Jerusalem area last year by Hadassah led the Ministry of Health to plan additional centres. Four pilot community Health Centres will be opened in the first half of 1954, two in areas predominantly Jewish (in conjunction with Kupat Holim and the local authorities), and two in Arab areas, also in conjunction with the local authorities. These Community Health Centres, whose primary purpose is preventive medicine, will include some 20 beds for maternity cases, treatment of children and emergency cases. Each will contain an out-patient clinic and a lecture hall to be used for demonstrations and lectures on medical hygiene and kindred subjects as part of a public health education campaign.

Medical Schools

The Hebrew University—Hadassah Medical School, the only one in Israel, opened in May, 1949 as a joint enterprise of the Hebrew University and the Hadassah Medical Organization. Its first classes were composed of students who had commenced their medical studies abroad, and by the end of 1953 180 degrees of Doctor of Medicine had been granted.

One of the main problems is the absence of proper accommodations due to the inaccessibility of medical school buildings on Mount Scopus. The problem will be solved only with the erection of the new Medical Center west of Jerusalem.

A School of Dentistry and a School of Pharmacy were added in 1953.

There are 11 schools for state-qualified nurses, attached both to Government and other hospitals. Besides these, there are 12 schools for practical nurses, graduate courses for public health nurses and midwives, for tuberculosis and mental nursing. Other schools train auxiliary and baby nurses.

Advisory Medical Council

In order to secure the maximum cooperation of the medical profession in the public health drive, an Advisory Medical Council, consisting of forty outstanding medical men was appointed in 1953 by the Ministry of Health. The Council meets once a month in Jerusalem to discuss recommendations submitted by various committees. There are fourteen expert committees on Mother and Child Health, Industrial Hygiene, Epidemiology, Nutrition, Medical Leg-



Mobile clinic in Arab village

isolation, Psychiatry, Tuberculosis, Professional Education, Dentistry, Social Insurance, Forensic Medicine, Budgeting, Pharmacology, Hospitals.

Medical Services for Arabs

Government Medical and Health Services, as well as those maintained by the Municipalities, the Sick Funds and Hadassah, are available to all citizens, Jews and Arab alike. Therefore no separate services had to be provided for Arabs in any area of mixed population. In places inhabited mainly or exclusively by Arabs, special basic services were set up since neither the Arab community nor Arab local authorities ever made any efforts in this direction. Special courses for Arab nurses and social workers were held and graduates of these courses now work in all-Arab areas.

A T.B. hospital, 3 maternal care clinics, 4 mobile medical services, 23 local and district clinics, as well as ambulance services were established in Arab areas. Two new Community Health Cen-

tres will be added to the list. A unique problem is that of the semi-nomadic Beduin in southern Israel, for whom any standard patterns of medical and health services are inapplicable. Special medical services, however, were created to meet their special needs. Two clinics were established in tribal centres, and a medical team headed by an Arabic-speaking doctor with considerable experience of tropical diseases visits tribal tents regularly. That over 400 Beduins were hospitalized since 1950 is a most significant record of achievement. Even more revolutionary is the fact that last year, 1953, a Beduin mother gave birth to her child in a hospital minus the attendance of tribal midwives.

More important, perhaps, than these statistical records of improved health standards in the Arab community is the startling social impact of services which have created awareness of modern medicine, personal hygiene and sanitation for the first time in the history of the Arab masses.

Conclusion

Although its problems might well have overwhelmed an older and larger organization, and despite the meagre resources at its disposal, the Israel Health Services, both governmental and institutional, have achieved an unbroken and extraordinary record of achievement and progress:

1. The health standards of new immigrants from entirely backward countries was raised considerably in a short time.
2. No major epidemics occurred, despite ominous predictions.
3. Nearly all cases of T.B. discovered were hospitalized.
4. The number of hospital beds greatly expanded.
5. The number of beds for mental cases quadrupled.
6. Several hundred polyclinics were built for new immigrants in new workers' quarters and in new housing scheme areas.
7. The infant mortality rate was greatly lowered.
8. The maternal mortality rate was lowered to 0.8 per thousand live births, which compares well with the most progressive and efficient countries in the world.
9. Life expectation at birth rose from 65.2 years in 1949 to 67.3 years in 1951 for males, and from 67.9 to 70.1 years for females. (The respective numbers for the white population of the United States were 65.9 and 71.5).

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